preferences questionnaire was elaborated in a pilot study: treatment mode of administration, time spent in hospital for administration, immediate toxicity, and level of symptoms control; distributed in 9 hypothetic scenarios. Second line NSCLC patients were asked to score by preferred scenario, through the conjoint analysis method. Socio-demographic, clinical and health-related quality of life (RSCL) characteristics were collected and linear regression models were performed. **RESULTS:** A total of 172 patients were enrolled. Mean (SD) age 61.9 (10.5) years. Seventy-five percent were men, 84.8% in NSCLC stage IV, 50% ECOG 1 20.3% of patients received cisplatine + gemcitabine in first line, 30.8% showed treatment's adverse reactions and 52.9% were scheduled to erlotinib as second line. Psychological symptoms' was the most affected RSCL dimension. The ICC of questionnaire's scenarios was assessed (0.55–0.88).The most preferred attribute was symptoms' control and the most preferred scenario was: oral administration, no time spent in hospital, low toxicity and total symptoms' control (G scenario). Patients who started oral administration vs patients who started intravenous administration, gave more utility/importance to the attributes 'treatment administration' (0.30 vs –0.12) and 'time spent in hospital' (0.62 vs 0.45). Psychological and daily functioning affection, ECOG 1-2 and adverse reactions in first line were related to G scenario. **CONCLUSIONS:** The most valued attributes by advanced NSCLC patients are moderate-total symptoms' control and oral administration. Patients with worst functional status and psychological affection preferred total symptoms' control, oral administration, no time spent in hospital and low toxicity. Treatment preference's questionnaire showed utility, feasibility and reliability for treatment decisions, allowing physicians to explore patients' preferences before initiating treatment.

PCN89

RACE AND SHARED DECISION MAKING AMONG PROSTATE CANCER PATIENTS, FAMILY MEMBERS AND PHYSICIANS

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OBJECTIVES: To evaluate whether shared decision making in treatment selection for cancer differs by race. **METHODS:** Newly diagnosed local stage prostate cancer patients and their family members were recruited following biopsy but prior to initiating treatment at urology practices in three states to participate in a take-home survey. **RESULTS:** A total of 192 family pairs completed surveys. In 14% of the family pairs, at least one subject was black, 13% had a Hispanic member, and 66% had no minority members. Discussions between patients and family members about treatment options occurred "very" often among 26% of black families, 30% of Hispanic families, 52% of white families ($p = 0.06$). Patients reported differences by race in how extensively physicians involved them (60% among blacks, 79% among Hispanics, and 49% among whites, $p = 0.04$). 91% of family members reported attending physician visits with the patient; 66% indicated their role was to help the patient make a treatment choice, 72% reported the physician involved them in the decision process, and 61% reported "excellent" satisfaction with the patient's doctor with no significant differences by race. In multivariate analyses, family members who perceived that the patient's physician did not involve them were significantly less likely to be highly satisfied (OR = 0.22, 95% CI 0.10–0.48). **CONCLUSIONS:** Family members of all races often attended clinic visits and discussed treatment options with physicians. Compared to whites, black and Hispanic patients, but not family members, reported more encouragement by physicians to be involved in the decision process. Black and Hispanic families were less likely to discuss treatment options among themselves. Family member satisfaction was dependent on their perception of whether the physician involved them in the decision process. Race may be less of a factor when physicians involve patients and family members extensively in the treatment decision making process.

PCN90

DEVELOPMENT OF AN EFFECTIVE HOME PALLIATIVE CARE SYSTEM ADOPTING A MULTIDISCIPLINARY TEAM APPROACH—SATISFACTION OF THE PATIENTS' FAMILY FOR THE DOMICILIARY PALLIATIVE CARE "OKAYAMA" MODEL

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OBJECTIVES: "Domiciliary palliative care 'OKAYAMA' model" in which specialist palliative care team cooperates with primary care team, is attracting attention to promote a home palliative care service in Japan. To evaluate the outcome of this "OKAYAMA model", we investigated the satisfaction of the patients' family who received the home palliative care service by this model. **METHODS:** A survey form consisting of 20 items from the FAMCARE Scale was then sent to 83 surviving family members of patients who had received care under this "OKAYAMA" palliative care model. The study plan was reviewed and approved by an ethics committee. **RESULTS:** The mean score for the survey was 3.94 ± 0.19 points (out of a possible 5). Responses of "satisfied" or better were received by more than 50% of respondents for nearly all items. The ratings were high for "pain relief," "answers from health professionals," "availability of doctors to the family," "doctor's attention to the patient's description of symptoms," and "availability of the doctor to the patient." A positive assessment was made for time spent and efforts made to respond to the desires of patients' families following the conclusion of pain control prior to home palliative care. Conversely, issues remain in items such as "availability of a hospital bed." Four factors were identified in a factor analysis of the FAMCARE Scale: "adequate amount of information," "attitude of medical personnel," "education and support system for families," and "emergency responses." Only 44% of respondents were satisfied with the care provided by the respondents themselves as a family member, suggesting the need for environmental improvements to ease the burden on families. **CONCLUSIONS:** The results of this study help us to develop an appropriate model for a home palliative care system using a multidisciplinary team approach.

PCN91

TREATMENT PREFERENCE AND WILLINGNESS-TO-PAY (WTP) FOR METHYLNALTREXONE, A NOVEL PERIPHERAL OPIOID ANTAGONIST FOR OPIOID INDUCED CONSTIPATION

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OBJECTIVES: To elicit treatment preference and WTP for Methylnaltrexone, a novel peripheral opioid antagonist versus existing

therapies for managing palliative care patients with Opioid Induced Constipation (OIC). **METHODS:** The study was conducted by developing and administering a survey composed of a modified decision board and a WTP instrument to subjects recruited from the general public in Ontario, Canada (N = 401). The decision board described the state of OIC, therapeutic options and the outcomes and side effects associated with each option. Participants stated their therapeutic preference and those who preferred methylnaltrexone were subsequently presented with a WTP instrument which elicited the hypothetical amount of money they would be willing to pay out-of-pocket per week and as additional monthly insurance premium for the therapeutic option that included methylnaltrexone. Kruskal-Wallis test, Wilcoxon Rank-Sum test, chi-square tests and multiple linear regression analysis were performed to assess the influence of demographics and other variables on treatment preference and WTP. **RESULTS:** Majority of the participants (N = 241) chose the methylnaltrexone plus laxative regimen as their therapeutic preference (60% vs. 36%, 4% indifferent). Treatment preferences were found to be significantly different between age groups ($p < 0.001$) and education levels ($p = 0.021$). The mean WTP for out-of-pocket expenses per week was $163.42 with values ranging from $0 to $ 2308. The overall mean additional monthly premium was $8.65. Household income was a significant predictor of out of pocket amount ($p < 0.05$). Other demographic parameters did not have a significant impact on WTP. **CONCLUSIONS:** In this study population, which determined the maximum WTP for treatment of OIC, most participants were willing to pay to have methylnaltrexone added to conventional therapies. The WTP values need to be further incorporated in a formal cost benefit analysis.

PCN92

VALUE OF ALOPECIA FOR LUNG CANCER PATIENT TREATED BY SECOND LINE CHEMOTHERAPY: A WILLINGNESS TO PAY STUDY

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OBJECTIVES: quality of life (QOL) is an important outcome in lung patient (LC) treated by chemotherapy. Alopecia may be an important part of this QOL but in fact very few data's are availablethe aim of this study is to assess, in patients treated by chemotherapy, the impact of alopecia. **METHODS:** This prospective, single centre study, use a willingness to pay method. Advanced LC patients were asked first to assess the impact of alopecia in second line chemotherapy setting from an analogical visual scale (from 0: no impact to 10 major impact); then they participated, in a face to face interview, at the presentation of a hypothetical scenario giving the choice between 2 chemotherapies with the same efficacy, the same pattern of administration (every 3 weeks, in day care hospital) and the same tolerability except for the risk of alopecia : 5% for the product A and 40% for the product B and were asked for their willingness to pay for product A. **RESULTS:** Sixty-four patients had been enrolled (59%, age : 60,8 ± 10,3 y, married 58%). In analogical visual scale, the impact of alopecia were assessed at 4,1 ± 3,4. Patients were willing to pay, for a 3-week chemotherapy cycle, a median amount of €130,4 ± 151.9 (median 62.5) to receive the product with the lower rate of alopecia. But 27 (42.2%) are not ready to pay anything. The patients no willing to pay are more often men ($p < 0.001$), no married ($p < 0,03$), have low income ($p < 0,001$) and hairless before treatment ($p < 0.001$). Correlation between the results of the analogical visual scale and the willingness to pay is good. **CONCLUSIONS:** a limit of this study is the context of the French health system (universal health coverage) with no payment by the patient for chemotherapy treatment than the scenario tested is really hypothetical and may under or over estimated the real willingness to pay of the participants. Prospective international studies are needed to confirm these preliminaries results.

PCN93

THE IMPACT OF A COST ATTRIBUTE ON PREFERENCES

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OBJECTIVES: To assess the impact of a cost attribute on preferences for a surgical treatment, in particular Surgical Excision (SE) and Mohs Micrographic Surgery (MMS), to remove primary Basal Cell Carcinoma (BCC). **METHODS:** Six attributes (recurrence, re-excision, travel time, surgical time, waiting time surgical results, costs) and their levels were selected, based on results of a clinical trial, a cost-effectiveness study, a review and a focus group of patients who recently had received treatment for BCC. Two DCEs, one without (DCE_nocost) and one with a cost attribute (DCE_cost) were conducted among the general public. Outcomes of both DCEs were compared in terms of theoretical validity, relative importance of the attributes and the rank order of preferences. **RESULTS:** Except for travel time in DCE_nocost, respondents in both DCEs valued a surgical treatment with a lower level for all the selected attributes. Differences in ordering of attribute importance occurred with the attribute waiting time surgical results which was third in DCE_nocost and ended as last in DCE_cost. The incremental utility score for DCE_nocost was 1.497 while the incremental willingness to pay for DCE_cost amounted to € 847 in DCE_cost, both indicating a preference of MMS to SE. **CONCLUSIONS:** From a policy perspective, results show that the inclusion of a cost-variable does not change the rank order of preferences for a surgical treatment to remove BCC. However, the results of our comparison are specific to the clinical setting of primary BCC and the surgical procedures MMS and SE. Further research within different settings will be needed to confirm our findings.

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PCN94

COST-EFFECTIVENESS AND PREFERENCE FOR FOLLOW-UP SCENARIOS FOLLOWING BREAST CANCER

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OBJECTIVES: About one in every eight women in The Netherlands develops breast cancer. Every year, 11,000 new cases are registered and about 3500 women die of breast cancer. Prognosis after primary treatment for patients with breast cancer is improving. This leads to an increased number of patients in follow-up, which leads to increased workload. One of the main goals of follow-up is to improve the survival of patients. This study aims to determine a more individualized follow-up by modelling cost-effectiveness of various follow-up scenarios and by determining individual preferences by using a discrete choice experiment